0,920

ASB-41

### State of NJ

<i>J.</i> 0-				tion of ASD										
D&S Froj. #: 2013-330		ļ	(Pursua	nt to NJAC	8:60	and	1 12:120)							
								C	EIW	FE	7			
Date of Notification (1)	Na	me of Buildi	ing Owner	/Operator (2)						<del>"</del> -	11	33		_
10 19 1/10 14 1/11 13	- 11	ARBARA												
Agencies Notified   Type Notification		eet Address		DERG		_		SEF	1   2013	TU	T			
☐ EPA ☐ Initial		15 ORCH		DEET										
DEP Amended	1	y, State, Zip		KEEI				- 75 B		3	+		-	_
Amendment #:_	"			7016					*	'X	1			
☐ Emergency		CRANFO		7/016					Telephone	Number				_
DOH (including justification)											1			
☐ DCA ☐ Cancellation		BARBAR	A ALTE	NBERG					_				_	
			FACIL	ITY INFORM	ATION	I								
Name of facility where abatement is	taking plac	e (3)			-2	C-11.		Ту	pe of Facility (4	)				
Marie of Idollity Whole abatement		- ( )								(K - 12)				
BARBARA ALTENBERG						_		4		pter 8 (O			2)	
Street Address		l-i-e							Other (F Bldgs./F	Private/Co lomes, et	tc.	Jiai		
215 ORCHARD STREET								S	quare Feet   #	of Floor	s	Bld	g. Age	3
City (5)	Count	y (6)			Cou	inty (	Code (7)	1  _						
Only (o)	1				(Sta	ite us	se only)	C	urrent Use (Pri	or if bein	g demo	lishe	d)	
CRANFORD	UNI			ASCM No.				<u> </u>	(t(0)					
Name of Monitoring Firm Hired by E	Name of Monitoring Firm Hired by Bldg. Owner (8)						me of Abateme							
							& S RESTO	RATI	ON, INC.					
Street Address						eet Address	200							
							20 California							
City, State, Zip Code			200			1	, State, Zip Co							
							Paterson, NJ ephone Number	07503		License	Numbi	er	_	
Project Manager for Monitoring Firm		Pho	one Numb	er		lei	973-345-80				1169	0.		
to the second						Na	me of OSHA N							
Start Date (10)	Sched	. Completio	n Date (11	1)		10000000	D & S Restor		Inc.		Section Comment			
09/18/13	09/30	/13				_	eet Address							
Occupancy Status During Abatemen							20 California	Avent	ie				7.4	
Facility closed/vacated during	entire perio	od of abater	ment.			Cit	y, State, Zip Co	ode			-	Made		
Abatement performed outside		facility hours	S-											
Describe: NORMAL F	IOURS				_	١.	Paterson, NJ		- 745					
Scope of Work (check all that appl									Containment w	//negative	press	ure		
$\boxtimes$ >3 sf or >3 lf	Renovatio	n							i-enclosure vebag procedu	re				
≥160 sf or ≥260 lf	Demolition	1						No	n-Exempted (*)	and Non			edure	
	Is location	n normally u	used solel	у							R	R— e	E n	E
Location of asbestos-containing	by mainte staff(12)	enance/cust	todial				estos-containin	g	Amount (Specify S	SF or	m	р	c	n
material (acm) to be abated in facility (13)	55%	I	31/4	materia	I (ACM	1)			LF)		o v	a I i	a p	L
abated in facility (13)	Yes	No	N/A								e	r		-
BASEMENT		$\square X$		PIPE INS					30 L FT			片		ዙ
BASEMENT (14 LOCATIONS)		$\square$		BARE H	EATIN	IG I	PIPES		14 L FT		井	片	<del>  </del>	ዙ
											ᆛᆣ	片	片	ዙ
				]				-			-#-	片	片	井
									1611				Ш	1
Registered Waste Hauler		EP Hauler		Cubic Yards o	of Waste	e N	Name of Regist	ered La VNIRI	ESOURCE R	ECOVE	RY			
D & S RESTORATION, INC	13:	506	Disposal	1 YD Date			City, State	, 11, 10	JO SKOL K					
City, State PATERSON, NJ 07503			09/19/				TULLYTO'	WN, P	Α					
Completed by (Print or Type)	Title		L	Signature						Date				
BOGDAN JOLDZIC PRESIDENT										09/0	4/13		_	
ASB-41	* Do not u	se this form	for asbes	tos licensure	exemp	ted a	activities.							

C&S Proj. #: 2013

### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

100				0.00					a 1	e n nn ie					
Date of Notification		Na Na	ame of Bu	ilding Owne	er/Opera	ator (2)		一门追し	j.						W
10 19 1/10 14		1	KATHY	TOM											
Agencies Notified EPA	Type Notificati	on St	reet Addre	ess				- H	-0	1 1 2012			7		
☐ DEP	Amended		34 VAN	RIPER A	VENU	E		S u	EP	1 1 2013	-				
	Amendment #:	Ci	ty, State,	Zip Code									Mills and		
□ DOL	⊠ Emergency		CLIFTC	N. NJ 070	012			ASL S		5. 10 TROL 8					
□ DOH	(including	Na	me of Co	ntact	***************************************					Telephon	e Numbe	r			
DCA	justification)		KATHY	TOM								*			
	☐ Cancellation		KAIIII	TON					_						
				FACI	LITY IN	FORMATI	ION								
Name of facility w	here abatement is	taking pla	ce (3)							Type of Facility (					
KATHY TOM										=	I (K - 12				
	<u> </u>								-		apter 8 (			-12)	
Street Address			93						11		(Private/0 'Homes,		rcial		
34 VAN RIPE	R AVENUE								1		# of Floo		Blo	dg. A	ge
City (5)		Coun	ty (6)				Cour	ty Code (7)					-		
						(	Stat	e use only)		Current Use (P	rior if bei	ng dem	olishe	ed)	
CLIFTON			SAIC			Managara .		<u> </u>							
Name of Monitoring	ng Firm Hired by I	Bldg. Owne	r (8)	1	ASCM	l No.		Name of Abatem	ent C	Contractor (9)					
								D & S RESTO	ORA	TION, INC.				V	
Street Address					Street Address	— rest:—									
			_	20 California		е.									
City, State, Zip Coo				City, State, Zip Co	ode						• )				
				5.5			-11	Paterson, NJ		503					
Project Manager fo	or Monitoring Firm		P	hone Numb	er			Telephone Numb				Numb	er		
							╌╽├	973-345-80 Name of OSHA N			J	01169	-		
Start Date (10)		Sched	Complet	on Date (1	1)		71	D & S Resto							
09/06/13		09/16	/13				11	Street Address	lailo	n, mc.					
Occupancy Status	During Abatemer						41	20 California	Ave	enne					
Facility close	ed/vacated during	entire perio	d of abate	ement.			1	City, State, Zip Co		ondo				_	
Abatement p Describe:	erformed outside	of normal f	acility hou	ırs-											
Other-Descri	ibe: NORMAL H	OURS					11	Paterson, NJ	075	503					
Scope of Work (cl						**	П		Пғ	ull Containment v	v/negativ	e press	ure		
>3 sf or >3 lf	100.00	Renovatio	n						=	fini-enclosure					
≥160 sf or ≥		Demolition							_	Slovebag procedu					
			YX.	used solely	,				<u> </u>	lon-Exempted (*)	and Nor	-friable	Proce	E	; 
Location of asbestos-co	ntaining	by mainte				- acrimtian	of or	bestos-containing		Amount		е	е	n	E n
material (acı	m) to be	staff(12)				aterial (AC		spesios-containing	9	(Specify S	SF or	m o	p a	c a	C
abated in fac	cility (13)	Yes	No	N/A			***************************************			LF)		v	i	p	L
DACEMENT				-	1 DIDE	INSULA	A TT	ON		20 L FT		e	$\vdash$		t
BASEMENT					1	INSULA	711	014		20 11 1		-	믐	片	뉴
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					-	*	-					╅	금	片	卅
Registered Waste	Hauler	INJEC	P Hauler	ID# I C	ubic Ya	irds of Wa	ste	Name of Registe	ered I	L andfill		_	ш	Ш	
D & S RESTOR		135			I YD		310			RESOURCE R	ECOVE	RY			
City, State				Disposal D				City, State							
PATERSON, NJ 07503 09/07/13							_	TULLYTOV	VN,	PA					12
Completed by (Prin		Title			Signa	ature	ď				Date				
BOGDAN JOI		PRESID	CONTRACTOR CONTRACTOR				101.7				09/0	4/2013			
ACD 44	And the second second	Do not use	e this form	for ashest	os licens	sure exem	noted	activities.							

Notification of Aspestos Abatement (Pursuant to NJAC 8:60 and 12:120)

it .	i .						. 1	1	APPROVED	)			
Date of Notification	(1)	- 11			et/Operator (2)	in (	9 6 1 W. E	H Dept. of F	lealth & Su	nor (	<del>)ervl</del> ( 	186	-
Agencies Notified	Type Notificati		KATHY						(signature);				
☐ EPA	Initial	.   s	reet Addr				. ! !	Date 912	elis Tin	ne: _	100		-
☐ DEP	Amended	1	The state of the s	RIPER A	VENUE	. 01	□ 1 1 12013	II DA					-
⊠ DOL	Amendment #:	—   °	POR SOMEONIA DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION D	Zip Code	•								3. 35
⊠ DOH	Emergency (including	.   -		ON. NJ 07	012			1	-				<u> </u>
<u></u>	justification)	.	me of Co	ntact			i die	Telaphon	o Number:				
☐ DCA	Cancellation		KATH	Y TOM						=			
H-1-7-10-10-10-10-10-10-10-10-10-10-10-10-10-				FAC	ILITY INFORM	IATION						-	
Name of facility wh	nere abatement i	s taking pla	ce (3)					Type of Facility (	4) I (K - 12)			*****	700-mac.a
KATHY TOM				*					apter 8 (Oth	or fh	on K.	191	
Street Address								Other (	Private/Cor	nme		14)	
34 VAN RIPER	RAVENUE							The same of the sa	Homes, etc	T	Bli	ig. Ag	96
City (5)		Cour	ity (6)	Pinemana		Cou	nty Code (7)	Commo rost	# 01 1 10013			סיייםי	,
CLIFTON						733333	te use only)	Current Use (Pi	rior if being	dem	ollshe	ıd)	
Name of Monitoring	a Firm Hirad by		SAIC		400111	L.,	No.						
Additional of the state of the	a . IIII i maa by i	onder Own	1 (0)		ASCM No.		Name of Abatement						
Street Address			<del></del>			_	D & S RESTORA	ATION, INC.					-
		i			20 California Av	/A.							
City, State, Zip Code	9	-					City, State, Zip Code				-		1
							Paterson, NJ 07	503		164			
Project Manager for	Monitoring Firm	1	P	hone Numi	Det		Telephone Number	, T	License N		or		
							973-345-8020		01;	169			
Start Date (10)		. Sched	. Complet	ion Date (1	1)		Name of OSHA Moni D & S Restorati		ā				
09/06/13		09/10	5/13				Street Address	on, mc.					-
Occupancy Status I							20 California Av	enus					
Abatement be	d/vacated during orformed outside	of normal	od of abat facility hot	ement. Irsa			City, State, Zip Code		Company of the last of the las				100
Describe:  Other-Describe	NOPMAL I	ONE		:			****						
Scope of Work (ch						<u> </u>	Paterson, NJ 07		<u>;</u>				
≥3 of or >3 if		r) Renovatio	h					Full Containment w Mini-englosure	/negative p	ross1	ur <del>o</del>		
≥160 af or ≥26		Demolition					· 🔯 :	Glovebag procedu					
Location of			_	used solel	vl		<u> </u>	Non-Exempted (*)	and Non-fri	able R T	der years		+
asbastos-con	taining		nance/cu		1	on of a	sbestos-containing	Amount		е	R e	E.	E.
material (acm	i) to be ility (13)	Yes	N.	T	material	(ACM)	1	(Specify 8	For	m	p a	C B	C
		(85	No	N/A				,		v	j r	þ	-
BASEMENT			X		PIPE INSU	ILATI	ON	20 L FT		X			
	MAZITATE PERSONNELLA LA				-								
Charles Topological States			La constant		ļ		1 1						口
	- HIGH 194-19-19-19			-	-			200 Jan 1941				旦	二
Registered Waste H		NJDI	P Hauler	ID# C	Ublc Yards of	Waste	Name of Registered	Landfil)	l	البا	Ц.,	Щ	
D&S RESTOR	ATION, INC.	135			1 YD		TULLYTOWN,	RESOURCE RE	COVERS	?			
City, State PATERSON, N.	T 07502		1.5	Disposel 6 09/07/1		,	City, State						-
Completed by (Print		Title		ווטועט	Signature	<del></del> .	TULLYTOWN,	PA	The	elic.	.,		
BOGDAN JOLI	DZIC	PRESID	ENT						Date 09/04/2	013			
ASB-41		Particular State of the last o		for saheat	os licensure en	empte	1 activities		1,00,04,2	, a. j		-	

CX 005274

# State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

0 000				tion of Asb					[] W	2 1	111		
D&S Proj. #: 2013-332			(Pursua	nt to NJAC	8:60 a	and 12:120)	- 1						
	LINO	mo of Build	ling Owner	/Operator (2)		- F <sup>3</sup>		SEP 1	1 2013		#		
Date of Notification (1)   0   9   /   0   5   /   1   3		me or Build llesta will		Operator (2)			- 6	OL.	. 2010	here			
Agencies Notified Type Notification		eet Addres	_	7			1.7	TERROC (	IONTHOL	&	T		
☐ EPA ☐ Initial ☐ Amended		9 lenox s	treet					LNEW	0.1.6		J		
DEP Amendment #:	101 =	y, State, Zi											
DOL Emergency		newark, n											
DOH (including	11.	me of Cont						Telepho	ne Numbe	г			
justification)													
DCA Cancellation		allesta wi		ITY INFORM	ATION			_!		_~_			
Name of facility where abatement is	taking plac	ne (3)	FACIL	ITY INFORM	ATION		Ту	pe of Facility	(4)				
Name of facility where abatement is	taking plac	<i>(</i> 0)						Scho	ool (K - 12)				
allesta williams							-		chapter 8 (0			12)	
Street Address									r (Private/0 s./Homes,				
59 lenox street							_	Square Feet	# of Floo	ors	Bld	lg. Ag	е
City (5)	Coun	ty (6)			1 1 1 1	ty Code (7) e use only)	-	Current Use	Prior if bei	ng dem	olishe	d)	_
newark													
Name of Monitoring Firm Hired by E	Ildg. Owne		ASCM No.		Name of Abatem	ent Cor	tractor (9)						
				D & S REST	ORAT.	ION, INC.							
Street Address						Street Address							
F 71 <sup>12</sup>						20 California							
City, State, Zip Code						City, State, Zip Co		. 10					
			·			Paterson, N. Telephone Numb		3	Licens	e Numb	er		_
Project Manager for Monitoring Firm		Ph	one Numb	er		973-345-80				01169	CI		
						Name of OSHA							_
Start Date (10)	Sched	. Completio	n Date (11	)		D & S Resto		Inc.					
09/18/13	09/30	/13				Street Address							
Occupancy Status During Abatemer	t (Check o	nly one)	-			20 California	a Aven	ue					
Facility closed/vacated during	entire perio	od of abate	ment.		- 11	City, State, Zip C	ode						
Abatement performed outside Describe:		facility hour	S-										
Other-Describe: NORMAL H	OURS				_	Paterson, N.	J 0750	3					
Scope of Work (check all that apply								Containmer	t w/negativ	e press	ure		
$\boxtimes$ >3 sf or >3 lf	Renovatio	n						ni-enclosure ovebag proce	dure				
≥160 sf or ≥260 lf	Demolition	1						n-Exempted		n-friable	proc	edure	
Location of		n normally		/						R	R	E n	E
asbestos-containing	by mainte staff(12)	enance/cus	todial			sbestos-containir	ng	Amour (Specif	it rySFor	m	р	c	n
material (acm) to be abated in facility (13)	Yes	No	N/A	material	(ACM)			LF)	, 0. 0.	O V	a	a	L
	165	140	IN/A	1		I TYON!		20 0		e	r		$\vdash$
BASEMENT		$\square X$		BOILER I	INSUL	ATION	_	38 sq ft		- 씀	片	片	쓔
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			-			-				+	H	H	Ħ
	ļ	_	-					-		諎	片	Ħ	ᅣ
D. C. Land Wests Houler	INUD	EP Hauler	ID# 1 (	Dubic Yards of	Waste	Name of Regis	tered La	andfill			سا	1	7=
Registered Waste Hauler D & S RESTORATION, INC.		506		1 yd		TULLYTO	WN, R	ESOURCE	RECOVI	ERY			
City, State			Disposal			City, State							
PATERSON, NJ 07503			09/19/			TULLYTO	WN, P	A	Date				
Completed by (Print or Type)  Title  Signature										5/13			
BOGDAN JOLDZIC PRESIDENT						d activities.							
ASB-41	8-41 * Do not use this form for asbestos licensure ex												

D&S Proj. #: 2013-333

### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

							. [	I	C F	1 W 1	GIT					
Date of Notification		1	Name of Bu	ilding Owr	ner/Operator (	2)	111)	1,5								
10 19 1/10 16			BRINKS	CONST	RUCTION		115	'n.								
Agencies Notified EPA	Type Notificat	ion   S	treet Addre	ess			, h		SEP I	2013	1992	71				
☐ DEP	Amended			ER STR	EET		<u>j^</u>	1			لم					
	Amendment #:	<u> </u>	City, State,	Zip Code	121			ASBES								
⊠ DOL			HILLSI	DE, NJ 0	7205		1	~	710EV					2-00-00		
□ DOH	(including justification)	N	ame of Co	ntact			la-r		Telepho	ne Numb	er					
☐ DCA	Cancellation	. 11	ALISO	N LAME	SRS						-					
					ILITY INFOR	MATION			=-							
Name of facility wh	nere abatement i	s taking pl	ace (3)			7		TT	Type of Facility (4)							
RESIDENTIAI	L BUILDING								=	ol (K - 12 hapter 8 (		an K	12)			
Street Address								11		(Private/			-12)			
70 CD ALLAM	A VITANTI III								Bldgs	./Homes,	etc.		-1 A			
79 GRAHAM	AVENUE	I Cou	nty (6)			Lo	-1.0-1-(7)	-	Square Feet	# of Flo	ors	ы	dg. A	ge		
City (5)		Cou	ity (o)				nty Code (7) te use only)	-	Current Use (I	Dries if he	ing dom	oliche	١, ٢			
METUCHEN		MI	DDLESE	X		(0.0	to use only)	П	Current Use (	Prior if be	ang dem	iolisne	ea)			
Name of Monitorin	g Firm Hired by	Bldg. Own	er (8)		ASCM No.	-	Name of Abateme	nt Co	ntractor (9)							
							D & S RESTO	RAT	ION, INC.							
Street Address					=	Street Address										
							20 California	Ave.								
City, State, Zip Cod	e						City, State, Zip Coo	de								
		#3			Paterson, NJ	0750	3									
Project Manager for	r Monitoring Firm	1	PI	none Numi	ber		Telephone Numbe			1. Take 5 (1. 10 / 5 / 5)	se Numb	ег				
							973-345-802				01169					
Start Date (10)		Sched	I. Completi	on Date (1	1)	_	Name of OSHA M									
09/10/13		09/2	6/13				D & S Restor	ation	, Inc.							
Occupancy Status I	During Abatemer					Arion										
	₩	<i>7</i> 7:	only one)  riod of abatement.  20 California  City, State, Zip Co						luc					-		
Abatement pe	erformed outside					Only, Glato, Elp Ool	40									
Describe:	be: NORMAL H	IOURS				_	Paterson, NJ	J 07503								
Scope of Work (ch									l Containment	w/negativ	ve press	ure				
>3 sf or >3 lf	A CONTRACTOR OF THE PROPERTY O	Renovation	on				Ī	=	ni-enclosure							
≥160 sf or ≥2		Demolitio					<u> </u>		vebag proced				201 <b>4</b> 00000			
			n normally	used sole	ivl			No	n-Exempted (	) and No	n-triable	R	Eaure	<u> </u>		
Location of asbestos-cor	ntaining	by maint	enance/cus			tion of a	sbestos-containing		Amount		e m	е	n	l E		
material (acn	n) to be	staff(12)		Т		(ACM)	obootoo oomamiig		(Specify	SF or	0	p a	a	C		
abated in fac	ality (13)	Yes	No	N/A					LF)		v e	i	р	-		
BASEMENT			X	1	PIPE INS	ULAT	ON		41 L FT		×					
					1			Grand Mark								
				1	1											
Registered Waste F			EP Hauler	5000000 C	Cubic Yards o	f Waste	Name of Register			POOL	7037					
D & S RESTOR	ATION, INC.	13.	506		1 YDS		TULLYTOWN	N, RI	ESOURCE P	ECOVE	LKY					
City, State	11 07502			Disposal   09/11/			City, State TULLYTOW	N D	Δ							
PATERSON, N		Title		03/11/	Signature		TOLLTION	1N, F		Date						
BOGDAN JOL	357337 STATE STATE	Title PRESID	ENT								06/2013	013				
ASB-41				for asbes	tos licensure	exempte	d activities.					_				

D&S Proj. #: 2013-333

Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

Sep	6 2013 01:16pm	P001/001
		Health & Senior Services
	9	(signature)

								_ (	(signal	ni.e)			r-
Date of Notification	(1)	· Na	me of Build	ng Owne	r/Operator (2)		<b>高度</b> 图	WEINE	Heles	Tir	ne: <u>1</u>	Di	<u> </u>
10 19 1/10 16	1/11/3	.   E	BRINKS CO	ONSTR	UCTION			프느!!!!	1.34.	•			
Agencies Notified	Type Notification		eet Address	CONTRACTOR OF THE PARTY OF THE	AND A TOTAL OF THE PARTY OF THE								
EPA	Amended	4	48LOOKE	R STRE	ET		SEP 11 1	2013					
DEP	Amendment #:	Cit	ty, State, Zip	Code	, , , , , , , , , , , , , , , , , , , ,			1		- IVIN		. BIUTHILD	and the state of
☑ DOL	⊠ Emergency		HILLSIDE	, NJ 07	205		i - t	R I	ii.				
НОД 🖂	(including justification)	Na	me of Conta	ct	X	1		Telephone	Number	-			
☐ DCA	Cancellation		ALISON I	AMES	RS	Ł .	i i		35 <del>7</del>				
Depose nas i primi i i i i i si si si si i i i i i	CT daticaliation			<del></del>	LITY INFORMA	ATION							
Name of facility w	here abatement is	taking plac	ce (3)				T	Type of Facility (4	<del>(</del> )				
BECIDENTEA	I DIM DIM	ï		Ţ.				- tumed	(K - 12)			441	
RESIDENTIA Street Address	T BOILDING				1 "1 1 1 mm			12 CONT. 10	pter 8 (Othe Private/Com			12)	
Ottest Vodtass			4	7.			)		domes, etc.	1101	via:		
79 GRAHAM	AVENUE							Square Feet	# of Floors	T	Bld	g, Ag	e
City (5)		· Coun	ty (6)				ty Code (7)						
METUCHEN		MIL	DLESEX		13*	(State	e use only)	Current Use (Pr	ior If being d	emo	edallo	d)	
Name of Monitori			AND ASSESSMENT OF THE PARTY OF		ASCM No.	Ь	Name of Abatement	Contractor (9)	·	-		W T-1	<del></del>
					7100111110		D & S RESTOR						0
Street Address		- international	<del></del>	L			Street Address	ATION, 1110.			-		
100			•	24			20 California A	vė.					
City, State, Zip Co	de				the specimens		City, State, Zlp Code	i					
							Paterson, NJ 0'	7503					
Project Manager f	or Monitoring Firm	١.	Pho	ne Numb	er .	-	Telephone Number		License Nu		91		Hansan was
			, i	1			973-345-8020	The state of the s	011	69			
Start Date (10)	et i et the blive et i energi i manadani i para i en i e e e e e e	Sched	. Completion	Date (1	)		Name of OSHA Mor						
09/10/13		09/26	713 E	1		- 11	D & S Restorat Street Address	ion, inc.	A		-	and the last	
Occupancy Status	During Abatemer					-	20 California A	venue					
	ed/vacated during						City, State, Zip Code					4:	
Abatement :	performed outside	of normal t	acility hours	•	5						12		
	riba: NORMAL F	OURS	•				Paterson, NJ 0	7503				140	
	sheek all that apply	y)	:	,				Full Contair ment w	/negative pr	0891	ille	<del></del>	
≥3 af or >3	lf 🛛	Renovatio	n		•			Mini-enclosure					
≥160 sf or ≥	260 If	Demolition	1				P	Glovebag procedu: Non-Exempted (*)		ble	proce	dure	
Location of			n normally us		1			·   · · · · · · · · · · · · · · · · · ·	77	3	R	E	E
asbeatos-co material (ad		staff(12)	nance/custo	rana)			sbestos-containing	Amount (Specify 5	١,	n	e p	n	n
abated in ta	icility (13)	Yes	No .	N/A	material	(ACM)	1	LF)	1 0	,	a	a	L
7			u ij	provention of		77 1 200	***			3	· ·	h	-
BASEMENT			_X.		PIPE INSU	LATI	UN	41 LFT		3	부	블	1
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	###							AND THE PROPERTY OF THE PARTY O		뉘	+	片	H
,				<del>                                      </del>	-	77 C 100			-	ᅱ	Ħ	H	H
Registered Waste		DIN	EP Hauler ID	# 10	uble Yards of	Waste	Name of Registers				39.44	سمسا	
D & S RESTO	RATION, INC.	135			YDS		TULLYTOWN	, RESOURCE RI	COVERY			,	
City, State PATERSON,	NI OTEO2			09/11/1			City, State	TDA					
Completed by (Fr	the same of the sa	Title		03/11/	3 Signature	<u> </u>	TULLYTOWN	, ra	I Date	direct			
BOGDAN JO		PRESID	ENT		-A-SI-HOLINI #	ř	1 1		09/06/2	013			
ASB-41		E STANFORM THE PARTY OF THE PAR		or asbest	os licensure e:	xempte	activities.		.1				
	c	FP OF S	- 2012(F2)	111.5	0 000	ATTNI T C	ATTOM NA CO	DACE 1					

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# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

1 20		(r ui	Suaiii	L LO NOA	5 0.00 and 5.10	1		ת ת	F		7		
Date of Notification (1)					Owner/Operator (2								
9/6/13	_			Exeli	5 Inc		The second second						
Agencies Notified Type Notification			Street	Address	1		SEP 1 1	2013	1 4	11			
EPA Initial					iver Rd	12 2	OLI 'I	2013	!;				
☐ DOLWD ☐ Amended Amendment #			City, St	tate, Zip C									
□ DCA □ Emergency (inc	cluding			Clift	on NJ	07014	ASBESTOS CO		. &				
(NJAC 5:23-8) justification)				of Contact	0 0 0	£	Telephone Num	ber	-				
☐ Cancellation				angel	o Rident								
-			FAC	ILITY IN	FORMATION	Type of Facility (4)							
Name of Facility Where Abatement is Taking	Place	(3)				Type of Facility (4)							
Exelis Inc						☐ School (K-12) ☐ Subchapter 8 (Other than K-12)							
Street Address						Other (i.e., p	rivate and comme	cial bu	ilding	s,			
77 River Rd			N. J. J. S.			homes, etc.) Square Feet	# of Floors	I DIA	ig. Ag	10			
City (5)						i silin o	# 017 1001s		(T)				
County (6)			Coun	ty Code (7)	(STATE USE ONLY)	120,000 Current Use (Pr	rior if being demolis		+ 5	0			
Passaic			Coun	ty Code (1)	(GIAIL OOL ONLI)	R+D	nor in being demon.	, iiou,					
Name of Monitoring Firm Hired by Building C	wner (	8) /	ASCM I	No.	Name of Abateme		)		0.0				
Burea veritas	era bacaro (1 pe eta 1911)			14804111			mental Serv	ices	NJ	TN	ıc		
Street Address					Street Address						-		
110 Field Crest Rd	412	41	Pant.	an Place	450 5	. River S	7						
City, State, Zip Code		1	Certi	201 1126	450 S City, State, Zip Co	ode							
Edison NJ 0883	7				Hackenson	ck NJ	07601						
Project Manager for Monitoring Firm		Tele	phone I	No.	Telephone No.		License No.						
Doug Mc Garrity Start Date (10) Sched		732	-22	5.6040	201-931-03 Name of OSHA M	13	0114						
Start Date (10) Sched	uled C	omplet	ion Dat	e (11)									
9 / 20 / 13	9_ /	-21	_ / _	13	Omesa	ENVIORM	rental						
Occupancy Status During Abatement (Check	only o	ne)			Street Address								
☐ Facility Closed/Vacated During Entire Per					280 A	uyler St.							
	Facility N . 5	Hours PM-	s - Desc	cribe AM	City, State, Zip Co	ode		,					
			S. Hackensack NJ 07606										
Scope of Work (Check all that apply)					☐ Full Cont	tainment with Ne	gative Pressure						
≥3 sf or ≥3 lf	<b>⊠</b> Re				☐ Mini-End	losure							
☐ ≥160 sf or ≥260 lf	∐ De	molitio	n			g Procedure mpted (*) and No	on-Friable Procedu	re					
	Is	Locati	ion		<del></del>				atem	ent Ty	уре		
Location of		Normal			Description of			Z.	<sub>D</sub>	щ	Щ		
Asbestos-Containing Material (ACM) TO BE ABATED	100000000000000000000000000000000000000	intena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	ıcap	nclo		
IN Facility	Cus	todial S	Staff?	(	surfacing, VAT	, or	SF or LF)	val	-	Encapsulate	Enclosure		
(13)	Yes	(12) No	N/A		other miscellane	ous)				ate			
		_	-							П			
1st level various locations		Ш	×	\	/AT		60 sf	×	Ш		ш		
	П	П											
Name of Registered Waste Hauler	N	JDEP V	Vaste	Cubic Yards of	Name of Regi	stered Landfill							
		Н	auler II	No. 5 804	Waste			c Zn	_				
Global Waste Indust		IV.	007	Disposal Date	City, State	Enterprise			es es				
The state of the s			9-23-13	Waynesi		446							
Hackettstown NJ Completed By (Print or Type) Title			Signature			ate							
The state of the s	PO	ness	tion	c	1 (1)	a hands	9	-6.	13				
ASR 41	. 0	DE NE	LEADT	,	110/100		:						

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JAN 13

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 8 30 / 13 KTR NJ 111 Agencies Notified Type Notification Street Address EPA Initial 300 Barr Harbor Dr. DOLWD ☐ Amended City, State, Zip Code ☐ DOH Amendment # Conshohocken Pa. 19428 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Frank Ryan FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 275 Omar Ave School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, Avenel homes, etc.) City (5) Square Feet # of Floors Middlesex Bldg. Age 380,760 35 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) vacant warehouse / food storage Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Absternent Contractor (9) Bioterra Environmental Solutions Affiliated Environmental Services Inc. Street Address Street Address DO BOX 1224 S. River St. 450 City, State, Zip Code City, State, Zip Code Union NJ 07083 Hackensack 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. Rick Evstaguino 201-931-0313 01148 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 15 / 13 omega Environmental Occupancy Status During Abatement (Check only one) Street Address S Facility Closed/Vacated During Entire Period of Abatement 280 Huyler ST. Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_ S. Hackensack 07606 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure
 □ Mini-Enclosure ≥3 sf or >3 lf ☐ Renovation ≥160 sf or ≥260 if □ Demolition Glovebag Procedure ☐ Glovebag Proædure
☑ Non-Exempted (\*) and Non-Friable Procedure (See attacked lefter) Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Asbestos Containing Material (ACM) Removal Encapsulate Enclosure Maintenance/ Amount TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) Yes No N/A warehouse Stairwell X VAT 260 Sf closet in locker room Pipe elbow insulation X X Roof over warehouse X 275,000 st X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Express waste services LLC NJ 804 Waste 6500 MINERVA Enterprises INC. City, State Disposal Date City, State Newark NJ 9/13-10/13 Waynesburg OH Completed By (Print or Type) Signature Date Robert Dombroski VP operation/sales 8/30/13 ASB-41

\* Do not use this form for asbestos licensure exempted activities.

State of New Jersey